## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

|                 | AS FILED          |  | AFTER<br>1st AMENOMENT |             | AFTER<br>2nd AMENDMENT                           |              | CLAINS |   |
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| TOTAL           | 1                 |  | +                      | -           |  |              | ٦ '    |   |
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| TOTAL<br>CLAIMS | 1                 | 18 4. 4  |                        |             |  | (2.35)       |        |   |

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|     |                 | IND.   | DEP.                                   | IND.         | DEP.         | IND.         | DEP.                                    |
|     | 51              |  |  |              |              | 1            |   |
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|     | 82              |  |  |              | -            | ļ            |   |
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| ļ   | 92              |  |  |              |              | <u> </u>     |   |
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|     | 94              |  |  |              | ļ            | <b>]</b>     |   |
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|     | TOTAL<br>IND.   |  | 1                                      | 1            | ****         |              | 1                                       |
|     | TOTAL<br>DEP.   | <del>                                     </del> | ~ <b>**</b>                            |              | - <b>466</b> |              | <b>+m</b>                               |
|     | TOTAL           | <del> </del>                                     |  | <del> </del> |              | 1            |   |
|     | TOTAL<br>CLAIMS | 1  | 100                                    | <u> </u>     | 100000       | 1            |   |

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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